



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 19.6

Subject: Placement of Mentally Retarded Youth

Supersedes: DCS 19.6, 01/01/02

Local Policy: No

Local Procedures: No

Training Required: No

Applicable Practice Model Standard(s): Yes

Approved by:

Effective date: 03/01/01

Revised date: 04/01/05

Application

To All Department Of Children's Services Youth Development Center Superintendents,
DCS Group Home Supervisors and Employees

Authority: TCA 33-3-401, 33-3-402, 37-5-106

Policy

The interdepartmental team shall have the authority to determine the appropriate placement for youth diagnosed as mildly mentally retarded. Youth with a diagnosis of Moderate, Severe, or Profound Mental Retardation shall be referred to the Department of Mental Health/Developmental Disabilities (DMHDD) for placement in a suitable facility. Youth with a diagnosis of mild mental retardation must **not** be placed at Taft Youth Development Center.

Procedures

A. DCS mental health manager The DCS Mental Health Manager must:

1. Coordinate service delivery for all delinquent youth diagnosed as mildly mentally retarded;
2. Provide expertise to DCS staff in matters concerning delinquent youth diagnosed as mildly mentally retarded;
3. Collect statistics regarding the identification, placement, treatment, and release of delinquent youth diagnosed as

mildly mentally retarded.

B. Review of records 1. Moderate, severe or profound mental retardation

Moderately, severely or profoundly retarded youth must never be placed in youth development center. All youth diagnosed with moderate, severe or profound mental retardation must be referred to the Department of Mental Health and Developmental Disabilities (DMHDD).

2. Mild mental retardation

- a) When a delinquent youth assessed as mildly retarded is admitted to a youth development center, the YDC classification coordinator or designee must immediately notify the DCS MH Manager and FAX a copy of the youth's records as outlined in section B, 3, to DCS central office.
- b) When a delinquent youth assessed as mildly retarded is admitted to a DCS group home, the group home supervisor or designee must immediately notify the DCS MH Manager in the central office and FAX a copy of the youth's records as outlined in section B, 3 to DCS central office.
- c) The DCS MH Manager must contact DMHDD to arrange for immediate placement of youth assessed as moderately, severely, profoundly retarded as specified by interdepartmental agreement.

3. Records required

The record sent to the DCS MH Manager must minimally include:

- a) Face sheet (for identifying information)
- b) A statement from a certifying specialist that the youth is mentally retarded;
- c) A psychological report (no more than 3 years old) that includes an assessment of intellectual, academic, visual/motor, vocational, and personality areas;
- d) An adaptive behavior assessment report;
- e) Medical records, including immunization record, if available;
- f) Classroom observation and disciplinary reports, if

applicable;

- g) The commitment order;
- h) A social history;
- i) The youth's Social Security card and birth certificate (or proof of application for birth certificate), if available;
- j) Prior school records or a copy of the letter sent to the Local Education Agency requesting such records.

4. Timeliness/completeness of review

The DCS MH Manager must review the record packet within two (2) days, and may request additional information, if deemed appropriate.

C. Interdepartmental staffing

1. Scheduling the meeting

When all necessary information is obtained, the DCS MH Manager must contact the YDC classification coordinator or designee and the DMHDD to schedule the interdepartmental staffing.

2. Team members

The staffing team must, at a minimum, include the DCS classification team, a DMHDD representative, the DCS MH Manager or designee, home county case manager (HCCM), parents/guardians and child/youth, and other appropriate DCS staff or contract persons deemed necessary by DCS MH Manager. The interdepartmental staffing may serve as a child and family team meeting (CFTM).

3. Team process

- a) At the staffing, the interdepartmental team must review the youth's record, discuss the youth's needs, and attempt to reach a consensus of opinion regarding the youth's treatment and placement needs. The child and family will actively participate in the decision.
- b) In the event of disagreement among team participants, the majority decision must rule.
- c) All decisions made by the staffing team are final and binding until such time as reclassification or special treatment staffings are held and it is determined that

changes in placement or treatment are necessary.

D. Placements**1. Setting**

Mentally retarded youth must be placed in programs less restrictive than youth development centers, except when there is agreement by interdepartmental staffing team, the DCS MH Manager, and approval by the DCS commissioner/designee.

2. Review of placement

Mentally retarded youth returned to youth development centers from less restrictive placements must be staffed by the YDC treatment team on a monthly basis to determine progress and readiness for less restrictive program placement. A CFTM shall be convened prior to placement changes or release.

E. Individual Program Plan (IPP)**1. Responsibility for implementation**

Youth development center staff and the HCCM must work closely with the DCS MH Manager to implement the youth's Individual Program Plan (IPP).

2. Documentation

Copies of the youth's IPP and program staffing summaries and CFTM summaries must be sent to the DCS MH Manager.

F. Reconsideration of classification or treatment/ placement**1. Convening staffings**

Reclassification staffings or special treatment staffings to consider significant changes in treatment/placement for mentally retarded youth must be convened through the DCS MH Manager in central office. Such staffings will include the HCCM, child and family and will meet DCS requirements regarding facilitated CFTMs.

2. DMHDD representation

The DMHDD representative must be invited to attend all reclassification/special treatment staffings.

G. Releases**1. Youth in transfer status**

The DCS MH Manager must coordinate the release of moderately, severely or profoundly retarded youth under transfer status to DMHDD, according to the provisions set forth in the interdepartmental agreement, and DCS release procedure guidelines.

2. Youth in DCS-operated or contract facilities

Releases, discharges, and transfers of mentally retarded youth placed in DCS-operated or contracted facilities must follow departmental policies and be coordinated by the DCS MH Manager.

Forms

None

Collateral Documents

None

Standards

ACA 3-JTS-4C-41

DCS Practice Model Standard – 7-122D

DCS Practice Model Standard – 7-125D

DCS Practice Model Standard - 8-306